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Approved for use through 1/31/2007, OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/562,172			ing Date 21/2005	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			NUMBER FI	LED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A		ı	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A		ı	N/A	
EXAMINATION FEE (37 CFR 1 16(a), (p), or (q))			N/A		N/A		N/A		ı	N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			mir	nus 20 = *		1	X \$ = 1		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			ı	X \$ = 1		1	X S =	
APPLICATION SIZE FEE (37 CFR 1.16(s)) If the specification ar sheets of paper, the is \$250 (\$125 for sm additional 50 sheets 35 U.S.C. 41(a)(1)(G					on size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	04/18/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 15	Minus	·· 20	= 0	ı	X \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	ı	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))								_		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))	•	Minus		=		X \$ =		OR	x s =	
⊴	Independent (37 CFR 1 16(h))	•	Minus	***	-	l	x s =		OR	x s =	
Ē	Application Size Fee (37 CFR 1.16(s))					l					
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. The Thighest Number Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of Information is required by 37 GPR 11.6. The information is required to obtain or retain a benefit by the public lethnities to file (and by the DSI) process) an application Confidentially 37 GPR 11.6. This information is required to obtain or retain a benefit by the public lethnities to file (and by the DSI) process) and public information Confidentially 37 GPR 11.6. This collection is estimated to take I refund to 18 Information Confidentially and a submitting the completed application form to the USE 11.7. Time will vary of operating upon the information Collection. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1469, Advantation, V.S. 2018. D. NOT ISSNO TO NOT ISSNO TO CONTRIBUTED TO THIS TO THIS STORY CONTRIBUTED TO COMMISSION CONTRIBUTED T